



**INSTRUCTIONS FOR COMPLETING
APPLICATION FOR EQUIPMENT REPAIR
SPECIALTY ELECTRICIAN CERTIFICATION
WITHOUT EXAMINATION**

APPLICATION MUST BE RECEIVED BY DECEMBER 1, 2003

This is the application form for the Washington State equipment repair specialty electrician certificate without examination as described in RCW 19.28 (ESSB 5713). To avoid delays in the processing of your application, please ensure that you have included all of the items required in the list provided below. Applications received without all the requested information will be denied.

- Complete the entire application including the work history portion.
- Date and sign the application in the **Applicant's Signature** block.
- Include the **fee of \$73.30**. Make checks payable to: **Department of Labor and Industries**
- Provide a photocopy of your Certificate of Completion showing you have successfully completed an apprenticeship program approved under chapter 49.04 RCW for the machinist trade.

OR

Provide evidence that as of April 1, 2003, you were employed by a factory-authorized equipment dealer or service company and that you worked in equipment repair for a minimum of 4,000 hours (see WAC 296-46B-920 for 7E Equipment Repair scope of work). Supply **notarized** verification on the attached **Affidavit for Equipment Repair Experience** form and a copy of the documentation that shows proof your employer is a factory-authorized equipment dealer or service company.

Allow at least 4 - 6 weeks processing time under normal circumstances. You will be notified in writing if additional information is needed. If your application is approved your certificate will be mailed to you. All applications and documents become the property of the department.

Visit our electrical website at www.lni.wa.gov/scs/electrical to: obtain the electrical laws and rules chapter 19.28 RCW, 296-46B WAC; view our online services; and to keep informed about the electrical industry by joining the electrical listserve so you can receive automatic e-mail notices from the department.

Refer to WAC 296-46B-950 Table 950-1 for additional information on applying previous work experience credit gained using this application toward journeyman certification.

Applicant information

Name (<i>Last name, first name, middle initial</i>)			Birth Date	
Mailing Address			Social Security Number	
City	State	Zip Code	Daytime Phone (<i>Include area code</i>)	

Is this your first application for an electrician or electrical trainee certificate with this agency? ☐ Yes ☐ No

Employment History

Name of employer		Date From	Date To	
Address		City	State	Zip Code
Position—Job Duties				

I declare under penalty of perjury under the laws of the state of Washington that the forgoing is true and correct.

Date	Applicant's Signature
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This section for departmental use only

Approved? <input type="checkbox"/> Yes	Effective Date mo day year	Expiration Date mo day year	Specialty Code 7E	Certificate number
	Denial Reason Code		Processors Initials	Date Processed
<input type="checkbox"/> No				



AFFIDAVIT FOR EQUIPMENT REPAIR EXPERIENCE

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I, _____ affirm & certify that

PRINT name of Employers Authorized Representative (i.e.: Owner, Supervisor, Manager)

PRINT name of Applicant

Social Security Number

has worked for

PRINT name of Employer/Company

UBI Number

from

Month Day Year

to

Month Day Year

performing equipment repair work for at least 4,000 hours.

- Also send a copy of proof that your company is an authorized factory equipment dealer or service company.
- Forms will not be accepted if they contain errors, white outs, alterations or additions because this is a legal document.
- See WAC 296-46B-920 for details on scope-of-work in the electrical specialties.

I hereby certify that the statements on this affidavit are true and accurate. I further state that I have read and understand the scope of work in WAC 296-46B-920 for the specialty marked and this employee did perform those duties.

(See chapter 19.28 RCW and chapter 296-46B WAC for penalties for false statements or material misrepresentations.)

Date	Signature of Employers Authorized Representative
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SIGNATURE MUST BE NOTARIZED

NOTARY
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME ON	MY COMMISSION EXPIRES ON:
DATE:	
NOTARY PUBLIC IN AND FOR THE STATE OF:	RESIDING AT:

NOTARY SIGNATURE

Approved?	Reason Code	# Hours Denied	# Hours Approved	Initials	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No					

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TUMWATER L&I OFFICE AT (360) 902-5269.